



POLICY AND PROCEDURE

Credentialing and Recredentialing of Organizational Providers

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| Policy and Procedure Number: | MED-CRE-0007 |
| Department Owner: | Health Services |
| Lines of Business Affected: | All |
| Effective Date: | October 21, 2006 |
| Approval Date: | October 21, 2006 |
| Revision Date(s): | December 18, 2007, January 1, 2008, March 1, 2009, May 17, 2011 |

POLICY STATEMENT

The Alliance directly contracts with organizational providers such as durable medical equipment, hospitals, home health agencies, free-standing surgery centers and skilled nursing facilities. The Alliance verifies that these providers are in good standing with state and federal regulatory bodies and accredited through a recognized agency (e.g., TJC, AAAHC) initially and on an on-going basis.

- A. The Alliance reviews the application/reapplication, accreditation status, license, malpractice insurance, and standing with regulatory agencies (i.e., sanctions/negative license activities, debarment or exclusions) for each organizational provider prior to initial contracting and at least once every three years, thereafter.
- B. The Alliance delegates to medical groups that meet the Alliance delegation requirements for credentialing, the responsibility for the initial and on-going assessment of subcontracted providers that render services to Members.
- C. Delegated medical groups that subcontract with organizational providers must use only those facilities that:
 - 1. Are appropriately licensed;
 - 2. Are accredited by either an the Alliance recognized accrediting body (e.g., TJC, AAAHC) or approved directly by the Alliance; and
 - 3. Do not have sanctions (CMS/DHCS) that would prevent them from participating in the Alliance network.

The Alliance adheres to all procedural and reporting requirements under state and federal laws for organizational providers.

DEFINITIONS

None

PROCEDURE

- A. All organizational providers must meet and maintain Alliance standards. Providers include, but are not limited to, hospitals, home health agencies, skilled nursing facilities, free-standing surgical centers, clinical laboratories, rehabilitation facilities, portable x-ray suppliers end-stage renal, hospice, durable medical equipment, outpatient physical/speech therapy, outpatient diabetes training providers, and federally qualified health centers. Free-standing surgical centers include stand-alone abortion clinics and multi-specialty outpatient surgical centers.
- B. Each organizational provider must submit, along with the application/reapplication, the following at a minimum:
 - 1. Current state license and certification
 - 2. Current malpractice insurance face sheet
 - 3. Medicare certification
- C. Organizational Providers are reviewed and approved within 180 calendar days.
- D. Organizational providers must meet one of the following criteria:
 - 1. Accreditation by an Alliance recognized body;
 - 2. Meet compliance with the State's California Department of Health Services (DHCS) annual facility site review and correction plan; or
 - 3. DHCS audit and corrective action plan.
- E. The Alliance verifies Providers are:
 - 1. in good standing with state and federal regulatory bodies through the OIG and Medicare/Medicaid sanction report review,
 - 2. reviewed and approved by an accrediting body,
 - 3. are certified to participate in a Medicare program, if applicable,
 - 4. are appropriately licensed, and
 - 5. there are no other negative actions that may impact participation.
- F. Accreditation and licensure must be maintained throughout the duration of the organizational provider's participation in the Alliance network.
- G. The Alliance conducts onsite quality assessment when there is no accreditation status. A letter from CMS stating the facility met CMS criteria is acceptable in lieu of the onsite visit.
- H. The Alliance recognized accrediting bodies include the following:
 - 1. Hospitals and other acute care facilities:
 - a. The Joint Commission (TJC)
 - b. Healthcare Facilities Accreditation Program (HFAP)
 - c. Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (DNVIAHO)

2. Home Health Agencies:
 - a. The Joint Commission (TJC)
 - b. Accreditation Commission for Health Care Inc. (ACHC)
 - c. Community Health Accreditation Program (CHAP)
3. Skilled Nursing Facilities:
 - a. The Joint Commission (TJC)
 - b. Continuing Care Accreditation Commission (CCAC)
 - c. Commission on Accreditation of Rehabilitation Facilities (CARF)
 - d. Healthcare Facilities Accreditation Program (HFAP)
4. Free-Standing Surgical Centers (including family planning clinics and alternative birth centers):
 - a. The Joint Commission (TJC)
 - b. Accreditation Association for Ambulatory Health Care (AAAHC)
 - c. American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
 - d. The Medical Quality Commission (TMQC)
 - e. Planned Parenthood Federation of America (PPFA)
 - f. Healthcare Facilities Accreditation Program (HFAP)
5. Clinical Laboratories
 - a. Clinical Laboratory Association Improvement Amendments (CLIA) Certificate or CLIA Waiver required in addition to CLIA identification number
 - b. Commission on Office Laboratory Accreditation (COLA)
 - c. Healthcare Facilities Accreditation Program (HFAP)
6. Comprehensive Outpatient Rehabilitation Facilities
 - a. The Joint Commission (TJC)
 - b. Commission on Accreditation of Rehabilitation Facilities (CARF)
7. Providers of End-stage Renal Disease Services
 - a. No accreditation, however must be certified by Medicare
8. Hospice
 - a. The Joint Commission (TJC)
 - b. Community Health Accreditation Program (CHAP)
9. Outpatient diabetes self-management training Providers
 - a. American Association of Diabetes Educators (AADE)
 - b. Indian Health Service (HIS)
10. Portable X-ray supplier
 - a. Federal Drug Administration (FDA) Certification

- I. The following do not have accreditation however they must be certified by Medicare:
 - 1. Providers of End-stage Renal Disease Services
 - 2. Outpatient Physical Therapy Providers
 - 3. Speech Pathology Providers
 - 4. Federally Qualified Health Centers
- J. Delegated medical groups that subcontract with organizational providers are responsible for ensuring that their subcontracted providers meet the Alliance's requirements as stated herein and in MED-CRE-0002, "Credentialing and Recredentialing of Individual Practitioners" the Alliance audits delegate's compliance with the Alliance requirements on an annual basis, using the Delegated Provider Audit Tool beginning with a pre-contractual assessment, in accordance with MED-CRE-0005 "Delegated Provider Audits".
- K. Delegated medical group are subject to corrective action as defined in MED-CRE-0006, "Corrective Action Plans (CAPs)."

The Alliance reserves the right to perform facility site audits when quality of care issues arise and to deny subcontracted providers participation in the Alliance network if the Alliance requirements for participation are not met. Failure to meet the Alliance's requirements may result in adverse action up to and including non-renewal or termination of the Alliance contract

AFFECTED DEPARTMENTS/PARTIES

Health Services: Quality Improvement
Provider Relations
Utilization Management
Member Services

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

Credentialing and Recredentialing for Delegated Groups
Credentialing and Recredentialing Delegated Provider Audit
Credentialing and Recredentialing Delegated Provider Audit Procedures
Credentialing and Recredentialing Hospital Privileges
Corrective Action Plans
Delegated Provider Audits

REVISION HISTORY

December 18, 2007, January 1, 2008, March 1, 2009, May 17, 2011

REFERENCES

- 1. 42 C.F.R. § 422.204(b)(2); Manual Ch. 6-Section 60.3. 42 C.F.R. § 422.204(b)(2)(iii); Manual Ch.6-Section 20.2. 42 C.F.R. § 422.204(b)(1); Manual Ch. 6-Section 70. 42 C.F.R. § 422.205; Manual Ch. 6-Section 5
- 2. DHCS Contract Exhibit A, Attachment 4

3. Health and Safety Code Section 1374.16 et. Seq;; Business and Professions (B&P) sections 2834-2837
 4. Title 10 section 1300.43; Title 16; Title 22 sections 531 and 53280; Title 28 section 1300.67.60
 5. Evidence Code 1137
 6. MMCD Policy letter 02-02 and 02-03
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